VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

December 22, 2016

Debra Letourneau,
Scenic View Rural Edge Llc
979 Vt Route 100
Westfield, VT 05874-0154

Dear Ms. Letourneau:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on November 22, 2016. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0151	A. BUILDING: _____ B. WING _____	C 11/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCENIC VIEW RURAL EDGE LLC	979 VT ROUTE 100 WESTFIELD, VT 05874

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite investigation of one complaint was completed by the Division of Licensing and Protection on 11/22/16. Based on information gathered, the following regulatory violations were identified:	R100		
R136 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the nurse failed to complete a timely annual reassessment for 1 of 6 residents in the applicable sample (Resident #2). Findings include: During record review, Resident #2 was found to have a most recent comprehensive assessment date and signed by the Registered Nurse on 10/4/15. During interview on 11/22/16 at 11:40 AM, the manager was not able to provide evidence of annual assessment more recent than 10/4/15 for Resident #2.	R136	Assessment for resident #2 has been completed and filed in the residents chart Completed 11/28/16	
R145 SS=E	V. RESIDENT CARE AND HOME SERVICES	R145		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Deborah McCormick — TITLE: Administrator — (X6) DATE: 12/14/2016

R136 - R297 POC's accepted 12/21/16 JHosmer RN/PME

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R145	Continued From page 1 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the nurse failed to ensure that a written plan of care was developed for 3 of 6 residents in the applicable sample (Residents #3, 4 and 5). Findings include: During record review, it was found that Residents #3, #4, and #5 did not have a written plan of care on file. Resident #3 had been admitted on 9/28/16; Resident #4 had been admitted on 2/23/16; and Resident #5 had been admitted on 11/4/16. The manager confirmed during interview on 11/22/16 at 11:40 AM that the home could not provide a written plan of care for Residents #3, 4 and 5.	R145	Resident #3 has been completed and filed as of 11/30/16 Resident #4 has been completed and filed as of 12/14/16 Resident #5 has been completed and filed as of 11/14/16 - this plan of care was completed - just not filed.	
R146 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (3) Provide instruction and supervision to all direct care personnel regarding each resident's health care needs and nutritional needs and delegate nursing tasks as appropriate;	R146		

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R146	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the Registered Nurse (RN) failed to provide instruction and supervision to all direct care personnel regarding each resident's health care needs and delegate nursing tasks as appropriate. Findings include: During staff interviews, a staff aide in training and subsequently the manager (11/22/16 at approximately 9:30 AM), confirmed that the new aide was being trained by other unlicensed staff, and that the RN had not as yet been involved in such training to include passing medications, assisting with morning care, dressing, oral care, assisting with showers, and serving meals. The manager further confirmed at the time that this new aide was scheduled to work on his/her own on 11/25/16, and would likely have one contact with RN prior to working a full day shift.	R146	A check list will be created to address each resident's health care needs, and signed off by both the RN & employee prior to the employee working independently To be completed by 12/16/16.	
R155 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.9.c. (12) Assume responsibility for staff performance in the administration of or assistance with resident medication in accordance with the home's policies. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, the nurse failed to assume responsibility for staff performance in the administration of resident medication for 1 staff person in the applicable sample. Findings include:	R155	A policy has been created, see attached that addresses medication administration Staff have been formally been spoken to.	

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R155	Continued From page 3 Per interview of the unlicensed staff person responsible for passing resident medications on 11/22/16 at 10:50 AM, he/she confirmed that one staff person who also passes resident medications was known to consistently re-use disposable paper medicine cups to administer oral medications, and stores these labeled cups in the locked medication area near the kitchen. This staff person on duty 11/22/16 at 10:50 AM allowed the surveyor to observe the labeled and stored paper medicine cups, and consented to dispose of the cups while the surveyor observed. Immediately thereafter, the surveyor confirmed with the manager his/her awareness of re-use of the cups by a staff person.	R155	A. Dec. 28 2016 Staff meeting has been scheduled the medication policy & procedure	
R161 SS=G	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.b The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the manager failed to ensure that all medications were handled according to the home's policies, and that designated staff are fully trained in the policies and procedures, for 2 of 6 residents in the applicable sample (Residents #1 and #2). Findings include: 1. Resident #1 had a physician's order for	R161		

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R161	Continued From page 4 fentanyl patch 50 micrograms (mcg) every 72 hours to manage pain. The medication administration record (MAR) showed no staff sign off for the patch placement on 10/23/16 and showed documented placement one day late on 10/24/16. Additionally, the fentanyl patch lacked documentation of placement as due on 10/29/16. Though not evident on the MAR, there were two medication error reports regarding failure to timely place fentanyl patches for Resident #1, resulting in increased pain, on 10/15/16 and 10/20/16. Resident #1 was ordered lorazepam (an anti-anxiety medication), 0.5 mg orally as needed. The MAR shows lack of staff documentation of the controlled drug count sheet for the lorazepam on 10/16 and 10/17/16 for Resident #1. Resident #1 was also ordered oral administration of Vicodin (controlled pain medication), 5/325 milligram (mg) of hydrocodone and acetaminophen as needed for pain. There were two gaps found in the MAR for the Vicodin, controlled drug count sheet of Resident #1 on 11/16 and 11/17/16. It was confirmed by a staff person who administers medication at 12:20 PM, and by the manager on 11/22/16 at 12:25 PM, that two Vicodin pills had been found in the closet of Resident #1 and that cause of this discrepancy was unknown. 2.- Resident #2 was found to have a physician's order for fentanyl patch 12 mcg every 72 hours for pain control. The MAR showed no staff documentation of placement of the fentanyl patch on 10/25, 10/28, and 10/31/16. All of the above medication issues were discussed with the manager and confirmed during interview on 11/22/16 at approximately 12:30 PM.	R161	the RN DON confirmed with the appropriate staff member that the date and medication in question had been given and appropriate documentation has occured. Due to the medication discrepancy of resident #1 all MS medications require two staff members and two witnesses. - this practice began 11/7/16	

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R164	Continued From page 5	R164		
R164 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the Registered Nurse (RN) failed to ensure that he/she delegated the responsibility for administration for specific medications to designated staff for designated residents for 3 of 12 staff in the reviewed sample. Findings include: During review of the list of unlicensed staff to whom it has been delegated by the RN to administer medications to residents, it was found that at least 3 of 12 staff who are currently passing medications do not have written evidence of this delegation by the RN. The manager was unable to provide other evidence of RN training and delegation for medication administration for the 3 staff during interview on 11/22/16 at approximately 9:30 AM.	R164	By 12/31/16 All staff will have written evidence of RN delegation.	
R177 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management	R177		

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R177	Continued From page 6 5.10.h (5) Narcotics and other controlled drugs must be kept in a locked cabinet. Narcotics must be accounted for on a daily basis. Other controlled drugs shall be accounted for on at least a weekly basis. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to ensure that all narcotics and other controlled drugs were accounted for on a daily basis for 2 of 6 residents in the applicable sample (Residents #1 and #2). Findings include: 1. Resident #1 had a physician's order for fentanyl patch 50 micrograms (mcg) every 72 hours to manage pain. The medication administration record (MAR) showed no staff sign off for the patch placement on 10/23/16 and showed documented placement one day late on 10/24/16. Additionally, the fentanyl patch lacked documentation of placement as due on 10/29/16. Though not evident on the MAR, there were two medication error reports regarding failure to timely place fentanyl patches for Resident #1, resulting in increased pain, on 10/15/16 and 10/20/16. Resident #1 was ordered lorazepam (an anti-anxiety medication), 0.5 mg orally as needed. The MAR shows lack of staff documentation of the controlled drug count sheet for the lorazepam on 10/16 and 10/17/16 for Resident #1. Resident #1 was also ordered oral administration of Vicodin (controlled pain medication), 5/325 milligram (mg) of hydrocodone and acetaminophen as needed for pain. There were two gaps found in the MAR for the Vicodin, controlled drug count sheet of Resident #1 on	R177	The dates in question below will be followed up by the RN and appropriate staff member for clarification, signature, or med error. This will be done by 12/31/16	

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R177	Continued From page 7 11/16 and 11/17/16. It was confirmed by a staff person who administers medication at 12:20 PM, and by the manager on 11/22/16 at 12:25 PM, that two Vicodin pills had been found in the closet of Resident #1 and that cause of this discrepancy was unknown. 2. Resident #2 was found to have a physician's order for fentanyl patch 12 mcg every 72 hours for pain control. The MAR showed no staff documentation of placement of the fentanyl patch on 10/25, 10/28, and 10/31/16. All of the above medication issues were discussed with the manager and confirmed during interview on 11/22/16 at approximately 12:30 PM.	R177		
R191 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.12 Records/Reports 5.12.c A home must file the following reports with the licensing agency: 5.12.c.(1) When a fire occurs in the home, regardless of size or damage, the licensing agency and the Department of Labor and Industry must be notified within twenty-four (24) hours. A written report must be submitted to both departments within seventy-two (72) hours. A copy of the report shall be kept on file. 5.12.c.(2) A written report of any accident or illness shall be placed in the resident's record. Any untimely deaths shall be reported and a record kept on file.	R191	See the attached report.	

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R191	Continued From page 8 5.12.c. (3) A report of any unexplained absence of a resident from a home for more than 12 hours shall be reported to the police, legal representative and family, if any. The incident shall be reported to the licensing agency within twenty-four (24) hours of disappearance followed by a written report within seventy-two (72) hours, a copy of which shall be maintained. 5.12.c.(4) A written report of any breakdown or cessation to the home's physical plant's major services (plumbing, heat, water supply, etc.) or supplied service, which disrupts the normal course of operation. The licensee shall notify the licensing agency immediately whenever such an incident occurs. A copy of the report shall be sent to the licensing agency within seventy-two (72) hours. 5.12.c. (5) A written report of any reports or incidents of abuse, neglect or exploitation reported to the licensing agency. 5.12.c. (6) A written report of resident injury or death following the use of mechanical or chemical restraint. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review, the licensee failed to notify the licensing agency and within 72 hours file a written report when the home experienced a breakdown in the physical plant's heating system. Findings include: Per the home's shift notes log dated 10/24/16 and the manager's confirmation on 11/22/16 at approximately 9:30 AM, staff on the night shift of 10/23/16 notified the manager in the middle of the night, approximately 2:30 AM, that oil was leaking	R191		

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R191	Continued From page 9 into the basement from the home's heating system. The manager confirmed telling the staff to monitor the situation until morning. Per the manager's further interview, when staff arrived for the day shift at approximately 7:00 AM on 10/24/16, this staff immediately called the manager and reported strong odors and the need to evacuate the residents from the home. Upon instruction from the manager, 911 was called, and the manager immediately proceeded to the facility. Local volunteer fire and ambulance staff responded and enlisted the necessary assistance from a fuel company and hazardous materials handlers to deal with the significant oil spill in the basement. Residents were initially evacuated to a designated covered space across the street, and subsequently spent until 3:00 PM at the Westfield Community Center. During this interview, the manager confirmed lack of knowledge that a report to the licensing agency was required for physical plant failure and resident evacuation.	R191		
R297 SS=E	IX. PHYSICAL PLANT 9.9 Ventilation 9.9.a Homes shall be adequately ventilated to provide fresh air and shall be kept free from smoke and objectionable odors. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to ensure that the home was kept free of objectionable odors. Findings include: Per the home's shift notes log dated 10/24/16 and the manager's confirmation on 11/22/16 at	R297	See the attached report	

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R297	Continued From page 10 approximately 9:30 AM, staff on the night shift of 10/23/16 notified the manager in the middle of the night, approximately 2:30 AM, that oil was leaking into the basement from the home's heating system. The manager confirmed telling the staff to monitor the situation until morning. Per the manager's further interview, when staff arrived for the day shift at approximately 7:00 AM on 10/24/16, this staff immediately called the manager and reported strong odors and the need to evacuate the residents from the home. Upon instruction from the manager, 911 was called, and the manager immediately proceeded to the facility. Local volunteer fire and ambulance staff responded and enlisted the necessary assistance from a fuel company and hazardous materials handlers to deal with the significant oil spill in the basement. Residents were initially evacuated to a designated covered space across the street, and subsequently spent until 3:00 PM at the Westfield Community Center. During this interview, the manager confirmed that the odors were strong upon his/her arrival at the home.	R297		

Scenic View RuralEdge LLC
Medication Management

Medication management is the formal process of assisting residents to self-administer their medications and administering medications, under the supervision and delegation of a registered nurse (s), to designated residents by designated staff of the assisted care home.

Medication management includes procuring and storing of medications, assessing the effects of medications, documentation, and collaborating with the residents' primary care physician.

Nurse is defined as either a licensed practical nurse or registered nurse who is currently licensed by the Vermont Board of Nursing to practice nursing.

Level III homes must provide medication management under the supervision of a licensed nurse.

The manager of the Level III home is responsible for ensuring that all medications are handled per the home policies and that designated staff are fully trained in the policies and procedures.

Staff will not assist with or administer any medication, prescription or over the counter medications for which there is not a physician's written, signed order, and supporting diagnosis or problem statement in the resident's record.

When using a dispensing cup, the residents name will be written on the dispensing cup. The cup will also be disposed of after use. Cups are single use.

If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:

1. A registered nurse must conduct an assessment consistent with the physician's diagnosis and orders of the resident's care needs as required in section 5.7.c. of the Residential Care Home Licensing Regulations.

2. A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents.

3. The registered nurse must accept responsibility for the proper administration of medications, and is responsible for:
   A. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects;
   B. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications;
   C. Assessing the resident's condition and the need for any changes in medications; and

D. Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions.

All medications must be administered by the person who prepared the doses unless the nurse responsible for delegation approves of an alternative method of preparation and administration of the medications.

Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medications is intended to correct or address' specifies the circumstances that indicate the use of the medication; educates the staff about the desired effects or undesired side effects the staff must monitor for, and documents the time of, reason for and the specific results of the medication use.

Insulin: Staff other than a nurse may administer insulin injections only when:

1. The diabetic resident's condition and medication regimen is considered stable by the registered nurse who is responsible for delegation the administration; and

2. The designated staff to administer insulin to the resident have received additional training in the administration of insulin, including return demonstration, and the registered nurse has deemed them competent and documented that assessment; and

3. The registered nurse monitors the resident's condition regularly and is available when changes in condition or medication might occur.

Staff responsible for assisting residents with medications must receive training in the following area before assisting with any medications from the licensed nurse;

1. The basis for deterring assistance versus administration;

2. The resident's rights to direct the resident's own care, including the right to refuse medications.

3. Proper techniques for assisting with medications, including proper hand washing technique, checking the medication for the right resident, medication, dose, time, route, and when appropriate medication placement;

4. Signs, symptoms and likely side effects to be aware of for any medication a resident receives;

5. The home's policy and procedure for assistance with medication.

Residents who are capable of self-administration have the right to purchase and self-administer over the counter medication. However, every reasonable effort must be taken for the registered nurse to be aware of any medications to monitor and educate the resent for possible adverse reactions or interactions with other medications. If the medication(s) pose a significant threat to the resident's health, staff must notify the primary care provider.

The resident's medication regimen must include:

1. Documentation that medications were administered as ordered;

2. All instances of refusal of medications, including the reason why and the actions taken;
3. All PRN medications administered including the date, time, reason for giving and the effect(s) of receiving the medication;

4. A current list of who is administering medications to the residents, including staff to whom a nurse has delegated administration;

5. For residents receiving psychoactive medication, a record monitoring for side effects,

6. All incidents of medication errors.

All medications and chemicals must be labeled in accordance with the currently accepted professional standards of practice.

1. Medication shall only be used for the resident identified on the pharmacy label

2. Medication must be stored in locked compartments under proper temperature controls.

3. Only authorized personnel shall have access to keys

4. Medications requiring refrigeration shall be stored in a separate, locked container impervious to water and air if kept in the same refrigerator used for storage of food.

5. Upon admission, a resident will be explained the use of and storage of self-administered medications.

6. Medication left after the death or discharge of a resident, or outdated medications, shall be promptly disposed of in accordance with acceptable standards of practice.

7. Narcotics and other controlled drugs must be kept in a locked cabinet. Narcotics must be accounted for daily.

8. Controlled drugs will be accounted for on a at least a weekly basis.

Medication policy is subject to change as best practice and standards of care change.

Source: Residential Care Home Licensing Regulations: Agency of Human Services, 2000

November 2016

Scenic View RuralEdge, LLC
PRN Medication

Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medications is intended to correct or address' specifies the circumstances that indicate the use of the medication; educates the staff about the desired effects or undesired side effects the staff must monitor for, and documents the time of, reason for and the specific results of the medication use.

A PRN medication may be given when as prescribed by physician order.

When a PRN medication is given, the delegated party shall document in the residents' medication record (MAR) the medication, time, dose, and medication effect.

An undesirable side effect or reaction such as, but not limited to anaphylaxis, unresponsiveness, altered mental status difficulty breathing, rash, nausea, vomiting, elevated heart rate, confusion, drowsiness, diarrhea shall be in indication for the ambulance to be dispatched to transport the resident to the emergency room. The aide will also follow up with both the RN and office manager.

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